

HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2002
OF THE CONDITION AND AFFAIRS OF THE

THE WELLNESS PLAN

	rent Period) (Prior Perio		ny code	Lilipioyeis ib	Number
Organized under the Laws	of Mic	higan	, State of Do	omicile or Port of Entry	Michigan
Country of Domicile			United States of	America	
Licensed as business type:	Life, Accident & Health [] Propert	y/Casualty []	Dental Service Corporat	ion []
	Vision Service Corporation	on [] Other []	Health Maintenance Org	janization [X]
	Hospital, Medical & Dent	al Service or Indemn	ity []	Is HMO, Federally Quali	fied? Yes [X] No []
Incorporated	11/08/1972	Comn	nenced Business		02/28/1973
Statutory Home Office		GRAND BLVD.			IT, MI 48202
	(Stree	t and Number)			State and Zip Code)
Main Administrative Office				RAND BLVD. nd Number)	
	TROIT, MI 48202 r Town, State and Zip Code)			313-875-4200 (Area Code) (Telephone	
Mail Address	2875 W. GRAND B		,	DETROIT, M	
D: 1 " (D 1	(Street and Number or P.C). Box)		(City or Town, State	and Zip Code)
Primary Location of Books a	.nd Records		28	(Street and Number)	
	TROIT, MI 48202 r Town, State and Zip Code)			313-875-5335 (Area Code) (Telephone	
Internet Website Address			www.wellpla	, , , ,	,
Statement Contact	Ashok K.	Parikh Mr.		313-87	· '5-5335
akpa	arikh@wellplan.com	(Name)		(Area Code) (Telept 313-875-5670	none Number) (Extension)
	(E-mail Address)			(FAX Number)	
Policyowner Relations Conta			2875 W. G	RAND BLVD.	
DE	(St ETROIT, MI 48202	treet and Number)		313-875-5335	5
(City o	r Town, State and Zip Code)			(Area Code) (Telephone Number	er) (Extension)
		OFFI	CERS		
President and CEO Treasurer	Isadore J. K Jimmie A. He		_	Secretary	Stanley R. Kirk
			-		
Ashok K. P	arikh		ESIDENTS ey R. Kirk		Alvin Riddle
Samuel E. M	cCargo	Dr. Del	ores Baker		
		DIRECTORS (OR TRUSTE	ES	
Kathleen Ca Jimmie A. F			L. Johnson e R. Stanford		Ernestine Pointer Gloria Johnson
Bernard P	arker	Charles F.	Whitten, M.D.		Margie Williams
Ronald Ed			Williams en Love		John Williams John Kerr
Cecelia Stev	<u> </u>		Watkins, Jr.		John Ren
State of	Michigan)			
County of	.Michigan	SS			
•	•				
					d reporting entity, and that on the r, free and clear from any liens o
claims thereon, except as h	erein stated, and that this	statement, together v	with related exhib	its, schedules and explana	ations therein contained, annexed
					eporting entity as of the reporting accordance with the NAIC Annua
					y differ; or, (2) that state rules o
	es in reporting not related t	o accounting practic	es and procedure	es, according to the best of	their information, knowledge and
belief, respectively.					
Isadore J. I			y R. Kirk		Jimmie A. Hearns
President and	J CEO	Sec	retary		Treasurer
Outrout	-f				
Subscribed and sworn to b					
Polly J. Jones	11				
Notary Public Wayne County, N August 17, 2003	T.				

ASSETS

	A	00E10	0 10 1		
		1	Current Period 2	3	Prior Year 4
		Assets	Nonadmitted Assets	Net Admitted Assets	Net Admitted Assets
1.	Bonds				
	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks				
3.	Mortgage loans on real estate:				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less				
	\$encumbrances)	29 . 564 . 533		(a)29,564,533	30 .576 .717
	4.2 Properties held for the production of income			(4)	
	(less \$encumbrances)				
	4.3 Properties held for sale (less				
	\$encumbrances)				
5	Cash (\$				
0.	(\$10,422,832)	17 526 56 <i>4</i>		17 526 564	30 133 883
6	Other long-term invested assets				
	Receivable for securities				
	Subtotals, cash and invested assets (Lines 1 to 8)				
	Accident and health premiums due and unpaid				
	Health care receivables				
	Amounts recoverable from reinsurers				
	Net adjustment in assets and liabilities due to foreign exchange rates				00.500
	Investment income due and accrued	72,874		72,874	
	Amounts due from parent, subsidiaries and affiliates				
	Amounts receivable relating to uninsured accident and health plans				
	Furniture and equipment				
	Amounts due from agents				
19.	Federal and foreign income tax recoverable and interest thereon (including				
	\$net deferred tax asset)				
	Electronic data processing equipment and software				
	Other nonadmitted assets				
22.	Aggregate write-ins for other than invested assets				
23.	Total assets (Lines 9 plus 10 through 22)	61,767,568	1,815,174	59,952,394	74,201,337
	DETAILS OF WRITE-INS				
	Inventory & Other Assets				
	Current Assets Whose Use is Limited			0	
	Other Accounts Receivables				
0898.	Summary of remaining write-ins for Line 8 from overflow page	3,950,671			2,117,541
0899.	Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above)	8 , 536 , 053	1,272,002	7 , 264 , 051	6,024,547
2201.	Noncurrent Assets Whose Use is Limited			O	0
2202.	Statutory Reserve				0
2203.	Prepaid Post Retirement Benefit			O	0
2298.	Summary of remaining write-ins for Line 22 from overflow page				
2299.	Totals (Lines 2201 thru 2203 plus 2298) (Line 22 above)				

(a) \$ health care delivery assets included in Line 4.1, Column 3

LIABILITIES, CAPITAL AND SURPLUS

			Current Period		Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$ reinsurance ceded)	35 , 798 , 254		35 , 798 , 254	47 ,009 ,582
2.	Accrued medical incentive pool and bonus payments	952,325		952,325	718,977
3.	Unpaid claims adjustment expenses				
4.	Aggregate policy reserves	1 ,987 ,968		1 ,987 ,968	3,975,935
5.	Aggregate claim reserves				
6.	Premiums received in advance	3,416,713		3,416,713	3,568,024
7.	General expenses due or accrued	1 ,873 ,045		1 ,873 ,045	2 , 174 , 324
8.	Federal and foreign income tax payable and interest thereon (including				
	\$ on realized capital gains (losses) (including				
	\$net deferred tax liability)				
	Amounts withheld or retained for the account of others				4,029,141
10.	Borrowed money (including \$642,529 current) and				
	interest thereon \$6,893 (including				
	\$	642,529		642,529	
11.	Amounts due to parent, subsidiaries and affiliates	1		1	1
12.	Payable for securities				
13.	Funds held under reinsurance treaties with (\$				
	authorized reinsurers and \$unauthorized				
	reinsurers)				
14.	Reinsurance in unauthorized companies				
15.	Net adjustments in assets and liabilities due to foreign exchange rates				
16.	Liability for amounts held under uninsured accident and health plans	0		0	0
	Aggregate write-ins for other liabilities (including \$				
	current)	1,008,470		1 ,008 , 470	1 ,047 ,005
18	Total liabilities (Lines 1 to 17)	48 ,902 , 275		48 ,902 , 275	62,522,989
	Common capital stock				
	Preferred capital stock				
21.	Gross paid in and contributed surplus	XXX			
22.	Surplus notes	xxx	xxx		
23.	Aggregate write-ins for other than special surplus funds	xxx	xxx	1 ,842 ,574	1 ,842 ,574
24.	Unassigned funds (surplus)	xxx	xxx	9 , 207 , 545	9 ,835 ,774
25.	Less treasury stock, at cost:				
	25.1shares common (value included in Line 19)				
	\$)	xxx	xxx		
	25.2shares preferred (value included in Line 20)				
	\$)	xxx	xxx		
26.	Total capital and surplus (Lines 19 to 25)	xxx	xxx	11 ,050 ,119	11,678,348
27.	Total liabilities, capital and surplus (Lines 18 and 26)	XXX	XXX	59,952,394	74,201,337
	DETAILS OF WRITE-INS				
1701.	Accounts Payable			0	0
1702.	Accrued Compensation Benefits			0	0
	Estimated Malpractice cost (current)				0
	Summary of remaining write-ins for Line 17 from overflow page				
	Totals (Lines 1701 thru 1703 plus 1798) (Line 17 above)	1,008,470		1,008,470	1,047,005
	Medical Care Fund.	·	xxx		
	Stop Loss fund				
	Reserve Restricted by Board			0	
	Summary of remaining write-ins for Line 23 from overflow page				
	Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	XXX	XXX	1,842,574	1,842,574

STATEMENT OF REVENUE AND EXPENSES

	STATEMENT OF REVENUE	Current Yea		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months.		799.856	1,596,772
		7001	, 11,000	.,,000,,
2.	Net premium income	xxx	121 , 436 , 832	248 , 328 , 598
3.	Change in unearned premium reserves and reserve for rate credits	xxx	0	
4.	Fee-for-service (net of \$538 , 406 medical expenses)			
5.	Risk revenue			
6.	Aggregate write-ins for other health care related revenues	xxx	747 , 166	3 , 034 , 448
7.	Total revenues (Lines 2 to 6)	xxx	122,097,803	251,578,503
	Medical and Hospital:			
8.	Hospital/medical benefits		70 , 186 , 144	191 , 174 , 815
9.	Other professional services		9 ,965 , 423	4 , 129 , 127
10.	Outside referrals		2 ,522 , 348	3,601,290
11.	Emergency room and out-of-area			
12.				
13.	Aggregate write-ins for other medical and hospital			
14.	Incentive pool and withhold adjustments			
15.	Subtotal (Lines 8 to 14)			
	Less:			
16.	Net reinsurance recoveries			
17.	Total medical and hospital (Lines 15 minus 16)		109 , 165 , 584	216 , 053 , 917
18.	Claims adjustment expenses		1 ,793 , 489	3 , 9 39 , 1 39
19.	General administrative expenses		10 , 876 , 647	29 ,599 ,001
20.	Increase in reserves for accident and health contracts			3 , 975 , 935
21.	Total underwriting deductions (Lines 17 through 20)		121 ,835 ,720	253,567,992
22.	Net underwriting gain or (loss) (Lines 7 minus 21)	xxx	262,083	(1,989,489)
23.	Net investment income earned		421 , 016	1 ,798 ,688
24.	Net realized capital gains or (losses)		15 , 150	227 , 416
25.	Net investment gains or (losses) (Lines 23 plus 24)		436 , 166	2 , 026 , 104
26.	Net gain or (loss) from agents'or premium balances charged off [(amount recovered			
	\$) (amount charged off \$			
27.	Aggregate write-ins for other income or expenses		(1,326,478)	(397,726)
28.	Net income or (loss) before federal income taxes (Lines 22 plus 25 plus 26 plus 27)		(628 , 229)	(361 , 111)
29.	Federal and foreign income taxes incurred	xxx		
30.	Net income (loss) (Lines 28 minus 29)	XXX	(628, 229)	(361,111)
	DETAILS OF WRITE-INS			
0601.	Volume Purchase Discount	xxx		0
0602.	Reg. Fees, Lab Radiology & Other	xxx		0
0603.	Other Miscellaneous Revenue	xxx		0
0698.	Summary of remaining write-ins for Line 6 from overflow page	xxx	747 , 166	3,034,448
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	747,166	3,034,448
1301.	Change in Deficiency Reserve		(1,987,968)	0
1302.				
1303. 1398.	Summary of remaining write-ins for Line 13 from overflow page			
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		(1,987,968)	
	Change in Non-Admitted Assets			(397,726)
	Unrealized Gains and Losses			
2703.				
2798.	Summary of remaining write-ins for Line 27 from overflow page			
2799.	Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)		(1,326,478)	(397,726)

CAPITAL AND SURPLUS ACCOUNT

	CAPITAL AND SURPLUS ACCOUN	1	2
		Current Year to Date	Prior Year
	CAPITAL AND SURPLUS ACCOUNT:		
31.	Capital and surplus prior reporting period	11,678,348	12,039,459
	GAINS AND LOSSES TO CAPITAL & SURPLUS:		
32.	Net income or (loss) from Line 30	(628 , 229)	(361 , 111)
33.	Change in valuation basis of aggregate policy and claim reserves		
34.	Net unrealized capital gains and losses		
35.	Change in net unrealized foreign exchange capital gain or (loss)		
36.	Change in net deferred income tax		
37.	Change in nonadmitted assets		
38.	Change in unauthorized reinsurance		
39.	Change in treasury stock		
40.	Change in surplus notes		
41.	Cumulative effect of changes in accounting principles		
42.	Capital Changes:		
	42.1 Paid in		
	42.2 Transferred from surplus (Stock Dividend)		
	42.3 Transferred to surplus		
43.	Surplus adjustments:		
	43.1 Paid in		
	43.2 Transferred to capital (Stock Dividend)		
	43.3 Transferred from capital		
44.	Dividends to stockholders		
45.	Aggregate write-ins for gains or (losses) in surplus		
46.	Net change in capital & surplus (Lines 32 to 45)	(628,229)	(361.111)
47.	Capital and surplus end of reporting period (Line 31 plus 46)	11,050,119	11,678,348
.,.	DETAILS OF WRITE-INS	11,000,110	11,010,010
4501.			
4502.			
4503.			
4598.	Summary of remaining write-ins for Line 45 from overflow page		
4599.	Totals (Lines 4501 thru 4503 plus 4598) (Line 45 above)		

CASH FLOW

	CASH FLOW		
		1 Current Year to Date	2 Prior Year
	Cash from Operations		
1.	Premiums and revenues collected net of reinsurance	122,219,023	247 , 349 , 493
2.	Claims and claims adjustment expenses	123 , 325 , 167	230 , 188 , 314
	General administrative expenses paid		
	Other underwriting income (expenses)		
	Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4)		
6.	Net investment income	421,016	1 ,833 , 398
7.	Other income (expenses)		
8.	Federal and foreign income taxes (paid) recovered		
9.	Net cash from operations (Lines 5 to 8)	(11,070,696)	(4,743,347)
	Cash from Investments		
10.	Proceeds from investments sold, matured or repaid:		
	10.1 Bonds		
	10.2 Stocks		
	10.3 Mortgage loans		
	10.4 Real estate		
	10.5 Other invested assets		
	10.6 Net gains or (losses) on cash and short-term investments		
	10.7 Miscellaneous proceeds		
	10.8 Total investment proceeds (Lines 10.1 to 10.7)		43 474
11	Cost of investments acquired (long-term only):		
	11.1 Bonds		
	11.2 Stocks		
	11.3 Mortgage loans		
	11.4 Real estate		
	11.5 Other invested assets		
	11.6 Miscellaneous applications		204 446
10	11.7 Total investments acquired (Lines 11.1 to 11.6)		294,416
12.	Net Cash from investments (Line 10.8 minus Line 11.7)	3,310	(250,942
	Cash from Financing and Miscellaneous Sources		
13.	Cash provided:		
	13.1 Surplus notes, capital and surplus paid in		
	13.2 Net transfers from affiliates		
	13.3 Borrowed funds received		
	13.4 Other cash provided		5 ,563 , 148
	13.5 Total (Lines 13.1 to 13.4)	1,473,606	5 ,563 ,148
14.	Cash applied:		
	14.1 Dividends to stockholders paid		
	14.2 Net transfers to affiliates		
	14.3 Borrowed funds repaid		
	14.4 Other applications	2,182,462	
	14.5 Total (Lines 14.1 to 14.4)	3,013,539	
15.	Net cash from financing and miscellaneous sources (Line 13.5 minus Line 14.5)	(1,539,933)	5 , 563 , 148
	RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
16.	Net change in cash and short-term investments (Line 9 plus Line 12 plus Line 15)	(12,607,319)	568 , 859
17.	Cash and short-term investments:		
	17.1 Beginning of period	30 , 133 , 883	29 , 565 , 024
	17.2 End of period (Line 16 plus Line 17.1)	17 ,526 ,564	30 , 133 , 883

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

EXHIBIT OF PREMIONS, ENROLLMENT AND UTILIZATION										
	1	Compre (Hospital &		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	134,548	18	17 ,521						117 ,009 .	
2 First Quarter	135,037	25	16,710				1,020		117,282	
3 Second Quarter	130 , 295	25	14,389				1,083		114,798	
4. Third Quarter										
5. Current Year	130,295	25	14,389				1,083		114,798	
6 Current Year Member Months	799,856	150	95 ,407				7 , 181		697,118	
Total Member Ambulatory Encounters for Period:										
7. Physician	94,791		9 ,412				708		84,671	
8. Non-Physician	299,984		22,793				1,716		275 , 475	
9. Total	394,775		32,205				2,424		360,146	
10. Hospital Patient Days Incurred	30,480		2,790				210		27,480	
11. Number of Inpatient Admissions	6,266		498				37		5,731	
12. Premiums Collected	122 , 219 , 023		14 ,935 , 165				953,308		106 , 330 , 550	
13. Premiums Earned	121,436,832		14,778,804				1,007,984		105,650,044	
14. Amount Paid for Provision of Health Care Services	123,325,167		15 ,070 , 336				961,936		107,292,895	
15. Amount Incurred for Provision of Health Care Services	110 ,959 ,073		13,559,198				865 , 481		96,534,394	

CLAIMS PAYABLE (Reported and Unreported)

Aging Analysis of Unpaid Claims								
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total		
	1 00 Days	01 00 Days	01 30 Days	31 120 Days	Over 120 Days	Total		
Claims Payable (Reported) Schedule Attached with Provider Detail	8 ,791 ,738					8.791.738		
Provider Settlements: Det Med. Ctr.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2,250,000			8 ,791 ,7382 ,250 ,000		
PCS Claims Payable	1,550,357		.			1,550,357		
0199999 Individually Listed Claims Payable	10,342,095		2,250,000			12,592,095		
0299999 Aggregate Accounts Not Individually Listed-Uncovered								
0399999 Aggregate Accounts Not Individually Listed-Covered	1,735,315					1,735,315		
0499999 Subtotals	12,077,410		2,250,000			14,327,410		
0599999 Unreported Claims and Other Claim Reserves	XXX	XXX	XXX	XXX	XXX	21,470,844		
0699999 Total Amounts Withheld	XXX	XXX	XXX	XXX	XXX			
0799999 Total Claims Payable	XXX	XXX	XXX	XXX	XXX	35,798,254		
0899999 Accrued Medical Incentive Pool	XXX	XXX	XXX	XXX	XXX	952,325		

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STATEMENT AS OF JUNE 30, 2002 OF THE THE WELLNESS PLAN

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

ANALYSIS OF CLAIMS UNPAID - PRIOR							
		Claims Paid Year to Date		Liability			
	Paid Yea		End of Curr		5	6	
Line of Business	On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year	
		Ĭ		Ŭ	,		
Comprehensive (Hospital & Medical)	4 ,707 ,716	4,856,862	1,036,855	3,337,692	5,744,571	5 ,744 ,57	
Medicare Supplement							
3. Dental Only.							
4. Vision Only							
5. Federal Employees Health Benefits Plan Premiums	300 , 493	310,013	66 , 182	213,044	366 ,675	366 , 67	
6. Title XVIII - Medicare							
7. Title XIX - Medicaid	33,516,474	34,578,316	7,381,862	23,762,619	40 , 898 , 336	40 , 898 , 33	
8. Other							
9. Subtotal	38 ,5 24 ,683	39 , 745 , 191	8 ,484 ,899	27 ,313 ,355	47 ,009 ,582	47 ,009 ,58	
10. Medical incentive pools, accruals and disbursements	718 , 977			952,325	718,977	718 ,97	
11. Totals	39,243,660	39 ,745 , 191	8 ,484 ,899	28 , 265 , 680	47 ,728 ,559	47 ,728 ,55	

Statement As Of June 30, 2002 OF THE WELLNESS PLAN (TWP)

NOTES TO FINANCIAL STATEMENTS

ORGANIZATION AND SUMMARY OF ACCOUNTING POLICIES

Organization - The Wellness Plan (the Corporation) is a non-profit, federally qualified health maintenance organization (HMO), which provides comprehensive prepaid health services to its members. The Corporation's members are located and serviced primarily in the southeastern Michigan area.

Effective June 29, 2000, Public Act 252 (the 'Act') repealed Part 210 of the Public Health Code and changed the oversight responsibilities for an HMO from the Insurance Bureau and Department of Community Health to the Office of Financial and Insurance Services of the State of Michigan (OFIS). This legislation revised statutory reporting requirements, certain net worth and working capital requirements in addition to other administrative requirements.

The Corporation has an agreement with the Michigan Department of Community Health whereby the Company assumes the financial risk associated with providing health care services to enrollees in Southeastern Michigan. This agreement, which expires in 2003, accounts for substantially all of the Corporation's capitation revenue. The Corporation has contractual agreements with health care providers to provide health care services to members. These agreements provide for sharing of financial risk associated with providing health care services to the members assigned to the providers. The Corporation recognizes capitation revenue and expense for medical services for the members covered by this agreement.

In March 1998, the National Association of Insurance Commissioners (NAIC) adopted the Codification of Statutory Accounting Principles (the Codification). The Codification, which is intended to standardize regulatory accounting and reporting for the insurance industry, is expected to be effective January 1, 2003. Management has not completed assessment of the impact of the Codification on its statutory financial statements. The impact of the Codification on statutory financial statements could be significant.

SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements-statutory basis have been prepared in conformity with the NAIC Annual Statement Instructions and Accounting Practices Manual effective December 31, 2001 and the permitted practices of OFIS, which are designed primarily to demonstrate the ability of an entity to meet claims of policyholders. These practices differ in certain respects from accounting principles generally accepted in the United States of America ("GAAP") applied in the presentation of financial position and results of operations, and in some cases, those differences may be material.

Statutory Accounting - Accounting practices and procedures are prescribed or permitted by OFIS comprise a comprehensive basis of accounting other than GAAP. Certain assets, such as premiums over 90 days past due, goodwill, excess of book value over market value for securities, and prepaid expenses are "nonadmitted" and are charged against surplus.

Fair Value of Financial Instruments - The carrying amounts of cash, short-term investments, receivables, accounts payable, and accrued expenses approximate fair value due to the short maturity of these items. Investments are valued a fair values which are based on quoted market prices.

Cash and Short-term Investments are carried at cost, which approximate fair market value, and are comprised of cash and short-term investments.

Inventories are stated at the lower of cost or market, determined by the first-in, first-out method.

Property and Equipment are stated at cost. Depreciation is computed by the straight-line method over the estimated useful lives of the respective assets which range from 3 to 30 years.

Statutory Reserves - As a condition of licensure with the State of Michigan, the Corporation is required to maintain a contingency fund a deposit of \$1,000,000 as an additional resource to provide for health care services for its members. This deposit is restricted and is held in a jointly administered trust fund with the Office of Financial and Insurance Services. The funds are invested in certificates of deposit and U.S. Government securities. Interest income on these funds is not restricted.

Revenue Recognition - Revenue is recognized during the month in which coverage for enrolled members is in effect. Unearned revenue represents advance billings during the month prior to that in which coverage is in effect.

Accrued Medical Claims - Health care costs are accrued in the period services are provided to the enrolled members based in part on estimates, including an accrual for medical services provided but not yet reported. Such estimates are

based on historical payment patterms using actuarial techniques and are regularly reviewed and updated. Differences in estimates resulting therefrom are reflected in current operations.

Malpractice Costs - The provision for estimated medical malpractice claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported.

Income Tax Status - The Corporation is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code; accordingly, no provision for federal income taxes has been made in the financial statements.

Use of Estimates - The preparation of financial statements in conformity with NAIC's and OFIS's accounting practices and permitted practices requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosures of contingent assets and liabilities as of the date of the statement of admitted assets, liabilities and net worth - statutory basis, and revenues, expenses and net worth - statutory basis for the period reported on. Actual results could differ from those estimates.

ASSETS WHOSE USE IS LIMITED

(a) Malpractice Self-Insurance

The Corporation has a program of self-insurance for professional and general liability risk resulting from occurrences for the period from April 1979 to date. As part of this program, the Corporation established a trust fund for which payments were to be made for professional and general liability claims losses arising from occurrences during the coverage period, and for related legal and administrative expenses. However, since the inception of the program, the Corporation has paid all claims and related expenses from current operations.

The Corporation has previously made deposits into this fund based on funding requirements determined by annual certified actuarial studies. During 1999, the Board of Trustees designated that the case and investments held in the trust fund could be used for working capital purposes. Accordingly, the trust fund is not fully funded as of June 30, 2002.

(b) Self-Insured Stop Loss Plan

The Corporation has a self-insured stop loss plan and trust to provide a trust fund to pay any of the plan's members' health care expenses which exceed \$50,000. No contributions were made into the plan during 2002. During the year ended June 30, 2002, all of the members' health care expenses exceeding \$50,000 were paid from current operations.

EMPLOYEE BENEFIT PLANS

Money-Purchase Pension Plan

The Corporation has a qualified money-purchase pension plan for the benefit of substantially all employees. The Corporation is required to make a contribution to a trust of 6% of the annual aggregate compensation paid to all participating employees and may make additional contributions as provided by the Board of Trustees. Contributions charged against operations for the six months ended June 30, 2002 was \$300,450.

Deferred Compensation Plan

The Corporation has a non-qualified deferred compensation plan covering several key employees. The plan requires pre-determined annual payments be made to these individuals for a period of ten years after a specified date. The present value of these payments is recorded as a liability in the statement of financial position. Deposits are made into separate corporate accounts in amounts estimated to be sufficient to meet the projected benefit obligations. Plan assets at June 30, 2002 total \$763,067 and consist of equity and bond mutual funds and a fixed annuity account.

In addition, this deferred compensation plan includes a separate "incentive account" for each participant. Contributions to the incentive accounts are discretionary and determined annually by the Board fo Trustees. Amounts contributed to the participant's "incentive account" are vested on the date of contribution and are nonforfeitable. During 2002 and 2001, no discretionary contributions were made to the participant's incentive accounts.

COMMITMENTS AND CONTINGENCIES

Litigation - Various lawsuits are filed against the Corporation for incidents which arise in the ordinary course of business. In the opinion of the Corporation's management, the outcome of the lawsuits will not have a material adverse effect on the financial position of the Corporation.

Malpractice Self-Insurance - As described above, the Corporation instituted a self-insurance program for professional and general liability risks. The program provided for limits of \$1,000,000 per occurrance through December 31, 1991 and \$2,000,000 per occurrance for claims incurred between January 1, 1992 and May 17, 1995. Effective May 18, 1995, the Corporation increased the retention to \$3,000,000 per claim. In conjunction with these program limits, the Corporation purchased insurance policies for an amount in excess of \$3,000,000 up to a maximum of \$20,000,000 per claim and \$10,000,000 for each period covered.

DEBT

The Corporation has two outstanding liabilities for borrowed funds totalling \$642,529 due to Cananwill and Western Commerce Bank. The principal amounts are due in 2003. Interest rate at 4.8% is included with each monthly installment payment of \$50,442 and \$113,292.

INVESTMENTS

The carrying amounts of investments and assets whose use is limited are as follows:

		June 30, 2002	December 2001
Current assets:			
	Bond mutual funds Equity mutual funds	\$9,445,681	\$9,419,272
	Certificates of deposit		
Total		<u>\$9,445,681</u>	<u>\$9,419,272</u>
Assets	whose use is limited:		
	Cash equivalents	\$2,560,329	\$3,300,043
	Bond mutual funds	<u>3,729,376</u>	<u>\$3,718,949</u>
Total		\$6,289,705	\$7,018,992

OPERATING LEASES

The Corporation has operating leases for various office facilities in Michigan. The following is a schedule of future minimum rental payments required under operating leases that have initial or remaining noncancelable lease terms in excess of one year at December 31, 2001:

2002	\$508,564
2003	444,605
2004	54,000
2005	54,000
2006	54,000

Total minimum payments required \$1,115,169

The total rental expense for all operating leases amounted to \$535,435 and \$510,000 for the years ended December 31, 2001 and 2000, respectively.

MINIMUM NET WORTH REQUIREMENTS

The Corporation is required to comply with a minimum net worth requirement and a minimum working capital requirement both developed by the OFIS. The Corporation has not met the working capital requirement. The OFIS has the authority to place the Corporation in receivership. Management is working with the OFIS to develop a plan to meet these requirements. Management expects to meet the working capital requirement in 2002 and does not expect the OFIS to take any further action relating to this deficiency.

EMPLOYEE SEVERANCE COSTS

In connection with an employee severance plan offered by the Corporation in 1998, approximately 100 eligible employees elected to resign in exchange for severance benefits. The severance benefits will be paid to electing employees over a maximum of eight years. The Corporation funds the remaining severance benefits by making payments to a third-party administrator. Payments of approximately \$42,000 per year are due from 2002 through 2006.

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

PART 1 - COMMON INTERROGATORIES GENERAL

1.1		pierrient any significant accounting policy changes which			Yes []	No [X]
1.2	If yes, explain:					
2.1	Domicile, as required l	experience any material transactions requiring the filing of I by the Model Act?			Yes []	No [X]
2.2	If yes, has the report b	een filed with the domiciliary state?			Yes []	No []
3.1	reporting entity?	made during the year of this statement in the charter, by-law	·		Yes []	No [X]
	If not previously filed, f	urnish herewith a certified copy of the instrument as amende	ed.			
4.	Have there been any s	ubstantial changes in the organizational chart since the priozational chart.	r quarter end?		Yes []	No [X]
5.1	Has the reporting entit	y been a party to a merger or consolidation during the perioc	I covered by this statement?		Yes []	No [X]
5.2	If yes, provide the nam ceased to exist as a re	e of entity, NAIC Company Code, and state of domicile (use sult of the merger or consolidation.	two letter state abbreviation) for a	ny entity that has		
		1 Name of Entity				
6.		subject to a management agreement, including third-party a ent, have there been any significant changes regarding the t nation.			Yes [] No [X]	NA []
7.1	State as of what date t	he latest financial examination of the reporting entity was ma	ade or is being made		12.	/31/2001
7.2		at the latest financial examination report became available fr e of the examined balance sheet and not the date the report			12	/31/1997
7.3	State as of what date the reporting entity. The date)		/15/1999			
7.4	By what department or	departments?				
8.1	or revoked by any gov confidentiality clause is	y had any Certificates of Authority, licenses or registrations of sernmental entity during the reporting period? (You need not spart of the agreement.)	report an action, either formal or ir	formal, if a	Yes []	No [X]
8.2	If yes, give full informa	tion:				

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

INVESTMENT

9.1	Has there been any change in the reporting entity's own preferred or common stock?	Yes []	N	o [X]
9.2	If yes, explain:			
10.1	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)	Yes []	N	o [X]
10.2	If yes, give full and complete information relating thereto:			
11.	Amount of real estate and mortgages held in other invested assets in Schedule BA:\$			
12.	Amount of real estate and mortgages held in short-term investments:			0
13.1	Does the reporting entity have any investments in parent, subsidiaries and affiliates?	Yes [X	[]	No []
13.2	If yes, please complete the following:			
10.0	1 2 Prior Year-End Current Quarter Statement Value Statement Value			
13.2	2 Preferred Stock\$\$			
13.24	4 Short-term Investments\$\$			
13.25	6 All Other			
13.27	to 13.26)\$10,232 \$10,232			
13.28 13.29				
14.1	Does the reporting entity have any hedging transactions reported on Schedule DB?	Yes []	N	o [X]
14.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?	Yes []	N	0 []
	If no, attach a description with this statement.			
15.	Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1 - General, Section IV.H - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?	Yes [X]	N	0 []
15.1	For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:			
	1 2 Name of Custodian(s) Custodian Address			
	Name of Custodian(s) Custodian Address			
15.2	For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:			
	1 2 3 Name(s) Location(s) Complete Explanation(s)			
15.3	Have there been any changes, including name changes in the custodian(s) identified in 15.1 during the current year?	Yes []	N	o [X]
15.4	If yes, give full and complete information relating thereto:			
	1 2 3 4 Old Custodian New Custodian Date of Change Reason			
15.5	Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:			
	1 2 3 Central Registration Depository Name(s) Address			
	Ventual fregistration Depository (Natife(s)) Address			

SCHEDULE A - VERIFICATION

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31			
Book/adjusted carrying value, beginning of period	30 , 576 , 717	30 , 071 , 622		32,371,705			
Increase (decrease) by adjustment	(516, 935)	(507,089)		(2,089,404)			
Cost of acquired							
Cost of additions to and permanent improvements	11,840			294 , 416			
Total profit (loss) on sales							
Increase (decrease) by foreign exchange adjustment							
7. Amount received on sales							
Book/adjusted carrying value at end of current period	30 , 071 , 622	29 ,564 ,533		30 , 576 , 717			
9. Total valuation allowance							
10. Subtotal (Lines 8 plus 9)	30 , 071 , 622	29 , 564 , 533		30 , 576 , 717			
11. Total nonadmitted amounts							
12. Statement value, current period (Page 2, real estate lines, current period)	30,071,622	29,564,533		30,576,717			

SCHEDULE B - VERIFICATION

CONLEGE D VENINGATION						
	1	2	3	4		
	First Quarter	Second Quarter	Third Quarter	Prior Year Ended		
	Current Year	Current Year	Current Year	December 31		
Book/recorded investment excluding accrued interest on mortgages owned beginning of period						
Amount loaned during period:						
2.1. Actual cost at time of acquisitions						
2.1. Actual cost at time of acquisitions						
Accrual of discount and mortgage interest points and commitment rees						
Increase (decrease) by adjustment						
5. Total profit (loss) on sale						
Amounts paid on account or in full during the period						
7. Amortization of premium						
Increase (decrease) by foreign exchange adjustment						
Book value/recorded investment excluding accrued interest on mortgages owned at end of current period						
10. Total valuation allowance						
11. Subtotal (Lines 9 plus 10)						
12. Total nonadmitted amounts						
13. Statement value of mortgages owned at end of current period						

SCHEDULE BA - VERIFICATION

Other Invested Assets Included in Schedule BA

Other Invested Asse	Other Invested Assets Included in Schedule BA						
	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31			
Book/adjusted carrying value of long-term invested assets owned, beginning of period	(7,414,879)	(7 , 259 , 843)		(8,201,003)			
Cost of acquisitions during period:							
2.1. Actual cost at time of acquisitions				7 ,915 , 427			
2.2. Additional investment made after acquisitions							
Accrual of discount							
Increase (decrease) by adjustment	155 , 036	(720 , 862)		(7 , 129 , 303)			
Total profit (loss) on sale							
Amounts paid on account or in full during the period							
7. Amortization of premium							
Increase (decrease) by foreign exchange adjustment							
Book/adjusted carrying value of long-term invested assets at end of current period	(7 , 259 , 843)	(7,980,705)		(7,414,879)			
10. Total valuation allowance							
11. Subtotal (Lines 9 plus 10)		(7,980,705)		(7 ,414 ,879)			
12. Total nonadmitted amounts							
13. Statement value of long-term invested assets at end of current period	(7,259,843)	(7,980,705)		(7,414,879)			

7

STATEMENT AS OF JUNE 30, 2002 OF THE THE WELLNESS PLAN

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Statement Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	Preferred Stock by Rating C 4 Non-Trading Activity During Current Quarter	5 Statement Value End of First Quarter	6 Statement Value End of Second Quarter	7 Statement Value End of Third Quarter	8 Statement Value December 31 Prior Year
BONDS	or our addition	Jamey Jamen Galanto	Daning Garon dadies	Daning Carrott Quartor	, not addition	Soona quality		
1. Class 1	9 , 340 , 044			105,637	9 ,340 ,044	9 ,445 ,681		9,419,272
2. Class 2	908,936			(5,732)	908,936	903, 204		902,424
3. Class 3	101 , 132			(776)	101,132	100,356		100 ,447
4. Class 4								
5. Class 5								
6. Class 6								
7. Total Bonds	10,350,112			99,129	10,350,112	10,449,241		10,422,143
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds and Preferred Stock	10,350,112			99,129	10,350,112	10,449,241		10,422,143

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

Short-renn investments owned End of ourrent addates								
	1	2	3	4	5			
				Amount of Interest	Paid for			
	Book/Adjusted			Received Current	Accrued			
	Carrying Value	Par Value	Actual Cost	Quarter	Interest			
8099999 Totals	10,422,832	XXX	10,291,021	112,167	37,041			

SCHEDULE DA - PART 2- Verification

Short-Term Investments Owned

Short-Te	rm Investments Owned			
	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
Book/adjusted carrying value, beginning of period	10 ,422 ,143	10 ,429 ,340		10 , 208 , 146
Cost of short-term investments acquired	10 , 297 , 529			10 , 290 , 332
Increase (decrease) by adjustment	301, 197	(6,508)		
Increase (decrease) by foreign exchange adjustment				
Total profit (loss) on disposal of short-term investments	(129,992)			(24,972)
Consideration received on disposal of short-term investments	10 , 461 , 537			10 ,051 , 363
7. Book/adjusted carrying value, current period	10 , 429 , 340	10 , 422 , 832		10 , 422 , 143
Total valuation allowance	(79 , 228)	0		
9. Subtotal (Lines 7 plus 8)	10 , 350 , 112	10 , 422 , 832		10 , 422 , 143
10. Total nonadmitted amounts		0		-
11. Statement value (Lines 9 minus 10)	10 , 350 , 112	10,422,832		10 ,422 , 143
12. Income collected during period	130 , 526	228 , 129		236 , 100
13. Income earned during period	300 , 430	229 , 270		276,594

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S

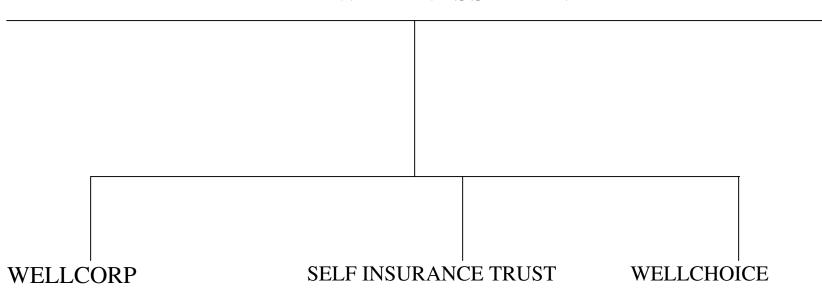
NONE

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

1		1			States and Territories		21.7	
		1	2	3	Direct Business (Only Year-to-Date 5	6	
	States, Etc.		Guaranty Fund (Yes or No)	Is Insurer Licensed? (Yes or No)	Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefit Program Premium
1.	Alabama	AL						
2.	Alaska	AK						
3.	Arizona	AZ						
4.	Arkansas	AR						
5.	California	CA	·····					
6.	Colorado	CO	,					
7.	Connecticut	CT						
8.	Delaware							
9.	District of Columbia							
10.	Florida							
	Georgia							
	Hawaii		,					
	Idaho							
	Illinois							
_	Indiana							
	lowa							
	Kansas							
	Kentucky							
	Louisiana							
	Maine							
	Maryland							
	Massachusetts		NI =	Yes	44 770 004		405 050 044	4 007 004
	Michigan		No	Yes	14 ,778 , 804		105,650,044	1 ,007 ,984
	Minnesota							
	Mississippi							
	Missouri Montana							
	Nebraska						•	
	Nevada							
	New Hampshire							
	New Jersey							
	New Mexico							
	New York							
	North Carolina							
	North Dakota							
	Ohio							
	Oklahoma							
	Oregon							
	Pennsylvania							
	Rhode Island							
	South Carolina							
	South Dakota							
	Tennessee							
	Texas							
	Utah							
46.	Vermont	VT						
	Virginia							
48.	Washington	WA						
	West Virginia							
	Wisconsin							
51.	Wyoming	WY						
52.	American Samoa	AS						
	Guam							
54.	Puerto Rico	PR						
55.	U.S. Virgin Islands	VI						
56	Canada	CN						
57.	Aggregate Other Alien	OT	XXX	XXX				
58.	Total (Direct Business)		XXX	(a) 1	14,778,804		105,650,044	1,007,984
	DETAILS OF WRITE-INS							
	Summary of remaining write-ins for Li			e				
5799.	Totals (Lines 5701 thru 5703 plus 579		above) a and Other A					

⁽a) Insert the number of yes responses except for Canada and Other Alien.

THE WELLNESS PLAN



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing on NONE^a report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory question.

		RESPONSE
1.	Will the SVO Compliance Certification be filed with this statement?	Yes
xplan	ation:	
Bar Co	de:	

OVERFLOW PAGE FOR WRITE-INS

MQ002 Additional Aggregate Lines for Page 02 Line 8.				
*ASSETS				
0804. Prepaid Expenses	1,272,002	1,272,002	0	0
0805. Advances			D	0
0806. Excess Funding Retiree Health Plan.	1,910,102		1 ,910 , 102	1 , 346 , 786
0807. Funds Held for Deferred Compensation Plan.				770 , 755
0897. Summary of remaining write-ins for Line 8 from Page 02	3 , 950 , 671	1,272,002	2,678,669	2,117,541
MOOOQ Additional Aggregate Lines for Page 00 Line 17				
MQ003 Additional Aggregate Lines for Page 03 Line 17. LIAB				
1704. Deferred Compensation	751,344		751,344	758,576
1705. Employee Severance Cost (current)	41,600		41,600	41,600
1706. Estimated Malpractice Cost (net)	O		Q	0
1707. Employee Severance cost (net of current)	158 632		158 632 L	166 , 400
1708. Other Liabilities.	56,894		56 , 894	80 , 429
1709. Deficiency Reserve (Commercial)			D	0
1797. Summary of remaining write-ins for Line 17 from Page 03	1,008,470		1,008,470	1,047,005
1000/AUIII				
/IQ004 Additional Aggregate Lines for Page 04 Line 6. REVEX1				
0604. COB		XXX	167 221	428 .876
5. PCS Revenue			486,762	2 . 328 . 847
0606. Insurance Proceeds			0	276,725
0607. Miscellaneous Revenue			83,468	
0608. Rent		XXX	9,715	(
0697. Summary of remaining write-ins for Line 6 from Page 04		XXX	747,166	3,034,448

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 1

NONE

Schedule B - Part 2

NONE

Schedule BA - Part 1

NONE

Schedule BA - Part 2

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part D - Section 1 NONE

SCHEDULE E - PART 1 - CASH Month End Depository Balances

049999 Cash in Company's Office XXX XXX XXX 1,062 1,767 2,067				h End Deposito	ry Baiances				
Amount of Indirect Received		1	2	3	4	Boo	k Balance at End of E	Each	8
Interest Proceedings Proceeding Proc							th During Current Qua		
Egrecor Depart care Part or Rind France Part				Interest Received During	Interest Accrued at Current	5	6	7	
1985000 Expost First F				Current	Statement				
1985000 Expost First F				Quarter	Date	First Month	Second Month	Third Month	*
1.56 161 1.58 161 1.58 161 1.58 1.5		ComericaDetroit, Michigan		31 , 141	8,280	9 , 120 , 100	6 , 798 , 692	7 , 101 , 665	
0186999 Total's - Open Degrees form as 33.1 31.41 5,280 5,120,116 6,786,632 7,101,655		(See Instructions) - Open Depositories	XXX						XXX
0499999 Cash in Company's Office XXX XXX XXX 1,062 1,767 2,067	0199999 T	otals – Open Depositories	XXX	31,141	8,280	9,120,100	6,798,692	7,101,665	XXX
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0499999 Cash in Company's Office XXX XXX XXX 1,062 1,767 2,067			1						
0499999 Cash in Company's Office XXX XXX XXX 1,062 1,767 2,067	0399999 T	otal Cash on Deposit	XXX	31,141	8,280	9,120,100	6,798,692	7,101,665	XXX
0500000 Tetal Cook	0499999 C	ash in Company's Office	XXX	XXX	XXX	1,062	1,767	2,067	XXX
1 0399999 [Otal Cast]	059999	9 Total Cash	XXX	31,141	8,280	9,121,162	6,800,459	7,103,732	XXX